

Inspection Report

24 July 2024



Greenvale House Residential Home

Type of service: Residential Care Home
Address: 82-84 Mill Hill, Castlewellan, BT31 9NB
Telephone number: 028 4377 8280

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Greenvale House Registered Persons: Mr Norman Foster Mrs Barbara Frances Foster Mrs Margaret Foster	Registered Manager: Mrs Barbara Frances Foster Date registered: 12 February 2024
Person in charge at the time of inspection: Mrs Barbara Frances Foster	Number of registered places: 12
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 12 residents. The home is divided over four floors. The lower ground, ground and first floor contain bedrooms and living space. The second floor contains office space	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2024 from 10.20am to 5.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

New areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Greenvale House Residential Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Greenvale House.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Barbara Frances Foster, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "I am very well cared for, I have no complaints." Another resident spoke of how, "The girls are great. The food is good."

A relative commented, "The care is excellent and communication with the home is good".

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

A returned questionnaire from a relative had the comments, "The staff are very professional and kind. The care provided gives my family confidence and peace of mind."

No additional feedback was received from residents or staff following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 February 2024		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 12.4 Stated: Second time	The registered person shall ensure that the menu board is displayed; this should be in a dementia friendly format and suitable to meet the needs of the residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

There was evidence of regular staff meetings. It was discussed with the manager for these meetings to be signed by staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care plans reviewed had not been signed by the resident or their representative. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Residents' bedrooms did not have a lockable storage space for them to keep valuables in for example. This was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as, board games, bowls and reminiscence.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Barbara Frances Foster has been the Registered Manager in this home since 12 February 2024.

On the day of inspection, the home had planned to take eleven residents on a bus trip. On the morning of the trip, two residents decided they did not want to attend the outing. The manager of the home put the two residents in the care of Greenvale House Nursing Home (RQIA ID:1614). This was only for the duration of the bus trip. Care plans for the residents were

transferred over to Greenvale House Nursing Home to allow staff to direct the care for these residents. The manager was working outside of the home's statement of purpose (SOP) in doing this. An area for improvement was identified.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).**

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Barbara Frances Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 3.3 Stated: First time To be completed by: From the date of inspection (24 July 2024)	The registered person shall ensure that the home operates within its Statement of Purpose. Ref: 5.2.5
	Response by registered person detailing the actions taken: We shall ensure that the home operates within its Statement of Purpose
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.3 Stated: First time To be completed by: From the date of Inspection (24 July 2024)	The registered person shall ensure the resident of their representative signs their care plan. Ref 5.2.2
	Response by registered person detailing the actions taken: Where able the resident signs the care plans otherwise their NOK is asked to sign same.
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: From the date of Inspection (24 July 2024)	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the impact of a locked keypad on DOL safeguards. Ref 5.2.2
	Response by registered person detailing the actions taken: Care plans have been updated in relation to the impact of a locked keypad on DOL safeguards
Area for improvement 3 Ref: Standard E26 Stated: First time To be completed by: 01 September 2024	The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident. Ref: 5.2.3
	Response by registered person detailing the actions taken: All bedrooms have been fitted with a safe within their wardrobes

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